MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12943

12934

FOR STATE)		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH BEPT	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
ge of		O. COUNTY (DUEEN ANNES MARYLAND O. STATE MARYLAND B. COUNTY DUEEN ANNES
d 3		b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
om om3 ortm		CENTREVILLE Allhis Life CENTREVILLE 17-1
n 1, 2,	. [d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
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Pag with	3	NAME OF DECEASED OF First Middle Lost 4. DATE Month Day Year
g y	5	(Type or print) SECRATE JEWEY ANNON DEATH JET OF 19 COLOR OR RATE 7. MARRIED NIVER MARRIED 8. DATE OF BIRTH 9. AGE (IT years IF UNDER 1 YEAR IF UNDER 24 HRS.
∞ F		MAKE WIDOWED DIVORCED HUSS 19 1898 (loss pirthday) yes Months Days Hours Min.
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s o s o s o s o s o s o s		LETRED FARMER FARMING CENTREVILLE ON CONTROL
ncil ii niner pages urs af	1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
pencil xamine ile pag haurs		MARION CLINTON CANNON MARGARET (COE
1 E	1	S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, np, or unknown) (If yes give war or dotes of service) Address
Medic Medic perm withir	-	100 210-16-31 29 115, IVETTE H. CANNON CENTREVILLE, 11/10,
rd "pending" Chief Medica transit permit event within		PART I. DEATH WAS CAUSED BY:
Chi eve		4.10
te ward "pe a the Chief burial-transit		(conditions, if any, which gave) ATTTO SCIETATE PATALA WASCALA
± + .5		rise to immediate cause (a), stoting the underlying cause (b) (c) dise dese
arded arded as c		· · · · · · · · · · · · · · · · · · ·
cate, writing to be forwarded be used as a removal, and	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO F
be be	CEPTIFICATION	20b. EXTERNAL CAUSE WAS 20b. DECRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
ould be audid		
shou files 3 sho	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) (County) (State)
dan	AME	Hour a.m. P.m. While of work at work
Pag far y		21. I certify that I toak charge of the remains described abave, held on Autopsy, Inspection, Inquiry, and in my opinion
rtor.		death resulted from: Natural causes, Acident , Suicide , Homicide , Undetermined manner
direction of the lease of the l		ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
AL LE		DEPUTY MEDICAL EXAMINER TO
may be FUNERAL		NAME (Type) C. Layton MU Address (Street, city, town, or county) Centre oille might
the Second	1 2	30. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATION 23d. LOCATION (City or Town) (County) (State)
- K3/	1	BURIAL DEPT. 26 196/ Chestertied CEMETERS CENTREVILLE W.H. CO. 110.

 MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

12945

FUR STATE		12306 MEDICAL EXAMINER 5 CERTIFICATE OF DEATH
EALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		O. COUNTY QUEEN HANES MARYLAND O. STATE ENDSYLVANIA B. COUNT DE LAWARE
a p (A)		b. CITY OR TOWN (If autside carporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
22		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e is residence
orm orm		Route 301+405 1323 ARdsley Road YES NO NO A FARM?
- 0 + Z	3.	NAME OF First Middle Lost 4 DATE Month Doy Year
ve Pog g with the X		DECEASED (Type or print) Kathryn Luinn Lynam DEATH EPTEMBER 8 1967
offer olong olong	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 88 DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. MINDOWED 19 Hours Min.
hours of them 18 Office of 18 I ond 2 w	100	EMPLE WIDDWED DIVORCED OCTOBER 26 1890 705 birthdoy) Months Doys Hours Min. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
F = 0 = 5	dui	ing most of working life, even if retired) INDUSTRY FROME RENASYIVANIA ONTE
hin 24 ncil in niner's pages urs offe	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
I within 2 n pencil in Exominer File page: 2 hours of	L	Thomas B. QUINN SARAH FALES
executed within nding" in pencil Medicol Exomin. permin. Pile paç within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT BROTHER Address HERBERT T, QUIND SIGE. PHS. Chester A.
d be executed d "pending" in Chief Medicol E rransit permit. f svent within 72		10 CALLES OF DEATH (Fotor only one cours nor line for (a) (b) and (d)
rd "per Chief / Chief / transit event v		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fradure of Corvicy Spine: Fracture Concussion Skall ONSET AND DEATH
		8/6/ DUE TO D. T. C. D. R. I Interteners
he wo to the buriol-		rise to immediate couse (a).
		lost. (c) Multiple Fractures less rils.
	N.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
This cert icate, wri be forwo be used removol,	CATIC	YES NO X
. 블로 음 등	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 201. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
EXAMINER ute the cer age 4 shou your files. Page 3 sho cremation,	MEDICAL	1 D. Ada Janas (Charles IIII)
Cample 4	MED	20e TIME DF INJURY Month, Day, Yeor 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) 8 20 Hour a.m. 9 8 1967 of work of twork of work of w
Pog for y R:P		21. I certify that I took charge of the remains described abave, held an Autopsy 🔲 , Inspection 🔀 , Inquiry 🔲 , and in my opinion
se es ctor. ned ECTO buric		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner
JTY MEDIC, ry, please e eral director be retained RAL DIRECT prior to bur		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER () 22. DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
ssary, pl funeral ay be re NERAL Th prior		EXAMINER'S FIRE RY COLLECTION DEPUTY MEDICAL EXAMINER X
O DEPUTY MEDICAL ES necessary, please executhe funeral director. Pag 5 may be retained for 90 FUNERAL DIRECTOR: PHealth prior to buriol, or 100 per prior to buriol, or 100 per	230	NAME (Type) John N. On th, V Address (Street, city, town, or county) (entrolled from the first of the first o
10 The He	43	Something Control Sept. 12, 1967 Middle town Presbyterian Cenetry Elwyn Delaware Co. PA.
VR A15ME (5)	n	I. FUNERAL DIRECTOR 250. REGISTRAR 2
6M 1/67	7	me of Batton & Beston Bur Continuelle (16) paris SEP 11 1961 followers

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12946

FOR STATE	12937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE OF DEATH O. COUNTY QUEEN ANNES MARYLAND 2. USUAL RESPENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY b. COUNTY COUNTY DEFAURCE
de de 73.	b. CITY OR TOWN (If outside corporate limits, write RURA) and give nearest town) c. CITY DR TOWN (If obtside corporate limits, write RURAL and give nearest town)
If any form PA form PA	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) Roufe 301 + 405 d. STREET ADDRESS 1323 ARDSBY Rd. ves \(\text{ves} \) NO \(\text{N} \)
frer death. I Give Pages ang with far	3. NAME OF DECEASED (Type or print) Charles (ENINGER evry DEATH SEPTEMBER 8 1967
24 hours after death. in Item 18. Give Page. r's Office alang with fe ss land2 with he State	S. SEX 6. CQLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Soft birthdoy) Nonths No Sex Months Months No Sex Months Months No Sex Months
24 haurs a in Item 18. er's Office al ges 1 and 2 w	100. USUAL OCCUPATION (Give kind of work done during most of porking life even it retired) 10b. KIND OF BRYNISS OR III. IRTHPLACE (Stote or foreign country) 11. IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY AND C
within 24 n pencil in Examiner's Examiner's File pages 2 haurs afft	13. FATHER'S NAME GEORGE PERRY 14. MOTHER'S MAILEN NAME HETTYE REMINGER
cuted vigin 1 Sical Ex Sical Exmit. Fil	15. WAS DECEASED EVER IN U.S. ARMED FIDRES? 16. SOCIAL SECURITY NO. 17. INFORMANT with Address (Yes, no, or unknown) (If yes give wor or dotes of service) 16.4.01-6217 MRS, SARAH L. RERRY SWARTHMORE, PA.
INER: This certificate shauld be executed within 24 haurs after death. If a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages I and 2 with the State Defian, or remayal, and in any event within 72 haurs after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c) INTERVAL BETWEEN CONFIDENCE OF SCORPLY COMPLETED OF SCORPLY COMPLETE
This certificate, writing be farward to be used or remayal, a	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RULL NOT PELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19 WAS AUTOPSY
IINER: The e certificate should be files. 3 should be files.	PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY DVor CONTRIBUTING CONCRED. Server Specific
XAM Ute th Nge 4 yaur Page crema	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of twork of two twork of two twork of two twork of two
JTY, ry, ergl be prio	ACTUAL SIGNATURE SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
TO DEPU necessa the fun 5 may TO FUNE Health	230. BURIAL GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town), (County), Sept. 12,1967 Middle town restrictions (Specify) Dehware G. Pa.
VR A15ME (5) 6M 1/67	Proceed Bouts - Barts Bros Carlevelle MD Date SEP 1 1 1967 Killiantes Jungs

ENDER THE REPORT OF THE PROPERTY OF THE PROPER 37.6(e.4)774-3/2 1. 1.04 to 108 31 of The second of the second of the second Doorles The strains and the state of the state of The second second O disphys - Sinday confirmed late I that in Bester of Skallshaumen - of . The first the same of the same of the same of the same of Bitto - V-8 C.T. of The Boll - State Commission Williams How K. Lott of registed South 12 19 of Middlet marty land South South with the see Part of the first of the first

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12947 CERTIFICATE OF DEATH hours after death. 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTQUEEN Anne Pages 1 after of Queen Anne MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b papers. Page write RURAL and glye nearest town) Rural Sudlersville Rural Sudlersville completely filled in e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? NO executed within carbon Last 4. DATE Month Day Year NAME OF First Middle DECEASED Roberts 19 67 DEATH September (Type or print) lease remove cal and in any event AGE (In years | IF UNDER 1 YEAR IFUNDER 24 HRS. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Months Days Hours and Female 18 DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please r COUNTRY? certificate be during most of working life, even if retired) INDUSTRY USA Housewile removal, 13. FATHER'S NAME Finley Roberts Arraminta Price n signed by the attendi burial-transit permit. 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? death (Yes, no, or unkown) (If yes give war or dates of service) Sudlersville, Maryland INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PHYSICIAN: The law requires that the the hospital or attending physician. certificate has been signed by the for use as the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Conditions, If any, which (b) gave rise to Immediate as the prior to DUE TO (a), stating underlying cause last, WAS AUTOPSY 19. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO T YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) d t detached te Dept. o MEDICAL (State) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) a.m. Hour While Not While FUNERAL DIRECTOR: After irector, page 3 should be dould be filed with the State be retained by at work p.m. at work 1907 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1/3 AM, from the causes and on the date stated above. saw the deceased alive on Qu 22b. DATE SIGNED SIGNATURE MED. DIRECTOR M.D. Page 4 may 1 22d. ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23a. 0 18 Sudleraville Mary REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR **VR A15** 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M S-63

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLANI
12034	CERTIFICATE OF DEATH	12948

	X 2.7.40					
1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)					
Queen Anne MARYLAND	*. STATE Maryland Dueen Anne					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
writa, RURAL and give gearest fown)	Church Hill 17.1					
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS o. 15 RESIDENCE					
44	ON A FARM					
Kitty's Nursing Home	YES NO					
DECEASED	Last 4. DATE Month Day Yeer OF					
(Type or print) Emma Brown	Roe DEATH September 26 19 67					
	DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HR					
remale White WIDOWED DIVORCED T	pril 23, 1874 93 Hours Min.					
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY					
done during most of working life, evan if refired) Housewife xx	Price, Maruland 1/SA					
13. FATHER'S NAME	Price, Maryland USA 14. MOTHER'S MAIDEN NAME					
Edwin B. Walls	Mary Louisa Walls					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address					
	. Franklin Everett-Church Hill, Md.					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	, INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a)	mores I neck					
DUE TO /	1/ d / 1					
Conditions, if any, which (b) Williamselfully	Har Duesse grows					
gave rise to immediate cause DUE TO						
cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS					
NA A	PERFORMED?					
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	O. (Enter nature of injury in Part I or Part II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
to a	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Slete) ory, street, office bldg., etc.)					
Hour a.m. P.m. While Not While at work at work	1					
21. I certify that (I) (this hospital), attended the deceased from.	Jan. 1 1960, to Rept 26 , 1967, that (1) (we) 10					
	death occurred at 1.30M, from the causes and on the date stated above					
saw the deceased alive on 19.4	death occurred at					
	ATTENDING MED. STAFF					
22c. PHYSICIANS A. D. S. H. M.	224 ADDRESS					
NAME (Type) John R. Smith Jr.	Centreville, Maryland					
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town or county) (State)					
Burial Sept. 29 (hurch Hill	Church Hill, Maryland					
24 FUNERAL DIRECTOR'S SIGNATURE APPRESS.	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
Edgar d. Lane Church Hill, Maryland DGT 3 1967 Scharles Judge						
	100010					

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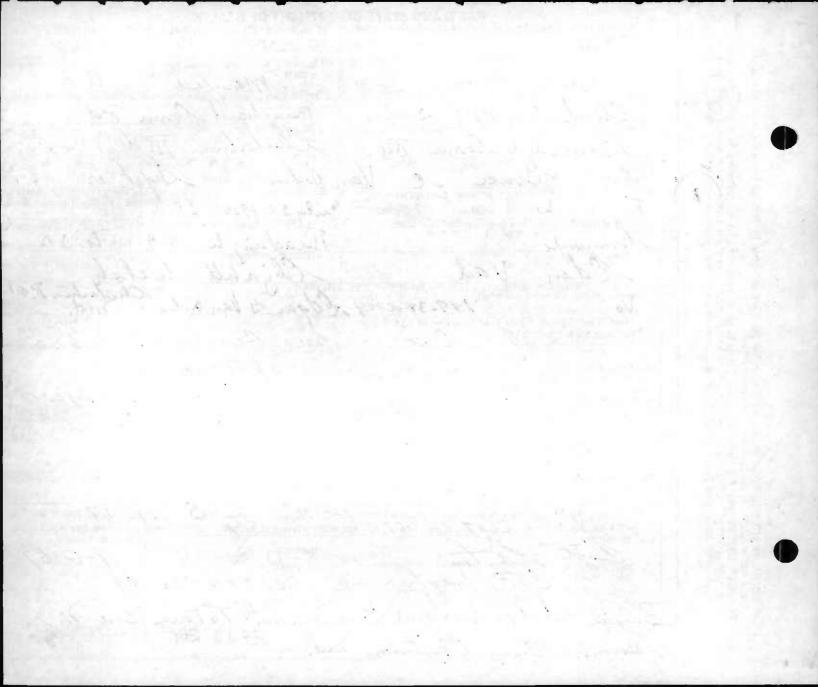
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12940
CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled if by the funeral	D	0	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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1.	PLACE OF DEAT	H as a				II 2. USUAL R	ESTOENCE (Where d	eceased lived. If Instit	tution: Resi	idence before admission)
	a. COUNTY	1)	a	nne		a. STATE		/ b. COUNT		0 1
		Cy man			MARYLANO		Mary	and	64	(/ 1 ·
	b. CITY OR TOW write RURAL	N (If outside co	orporate lim	its, c. LENGTH	OF STAY IN 1b	c. CITY OR T	OWN (If outside co	rporate limits, write	RURAL en	nd give nearest town)
	/ / /	while	1	MIN J	MAN	Bu	uchard	Correra	Ra	17-1
				not in hospital, give	street eddress	1	77	J -0000C	16-0	I e. IS RESIDENCE
	12	0	0	1			1.0//-	721	1 H	e. IS RESIDENCE ON A FARM?
	12	uncha	d	Come	150		afellou	n // . L	1	YES NO
3.	NAME OF	1	, First	MI	ddle , /	Lest	4. OATE	Month	1	Oay Year
	OECEASEO (Type or print)		Lan	1	1/0	n Osle	OF DEAT	H Kleb	1.	2 1967
15.	SEX	6. COLOR OR	RACE 7 M	ARRIEO THEVER	MADDIEO	8. OATE OF BI		- 121	4	
1	T	1 ,	7			0 0		last birthday) N	fonths Oa	YEAR IF UNOER 24 HRS. ays Hours Min.
	1-	W			DIVORCEO [July 2	8 1906	4 / yrs.		
10:	a. USUAL OF CUPAT ring most of work	FION (Give kind o	f work done	10b. KINO OF BUSI	NESS OR	11. BIRTHPL	ACE (County & Stat	e, or foreign country)		ZEN OF WHAT NTRY?
1	A A	under	retired)	HOOSIKI		1700	1:1:	- N9		1-51
13	. FATHER'S NAM					1 14. MOTHER	S MAIDEN NAME	1		7-0/-
	/	U	1/	a 1			1.	1 //	1.1	
-15	- Was George	gen	U	au		1/0	as atill	we	262	
(Y)	ES, no, or unkown)	(If yes give war o	dates of services	? 16. SOCIAL SECT	JRITY NO. 17.	INFORMANT	V	Address	hust-	chrin 1.01
	No			149-38	-0204	Allga	, 4 lan	Orden	m	nd
	18. CAUSE OF	OEATH [Enter o	nly one cau	se per line for (a), (t), and (c), 1					INTERVAL BETWEEN
		EATH WAS CAUS		0.		1 -	. 1	7 /		ONSET AND DEATH
	1521	IMMEDIATE	CAUSE (a)_	<u>CCL</u>	cene	In1051 3	crene	2/1700		6 hus
	1931		OUE TO	0			. ~			
	Conditions, If		(b)	Car	cinc	mid	04 17	an vesis		
	gave rise to		OUE TO				/			
	cause (a), si underlying caus	-		Cole	in					2 years
Z			(c)	ONTRIBUTING TO DEA		ATEN TO THE TED	MINAL DISEASE CO	NOITION CIVEN IN PA	(a) I (a)	119. WAS AUTOPSY
Ě	TAKT III. OTHER C	JIGHII TOAHI GO	1101110110	ONTRIDOTING TO OLD	THI DOT NOT KE	ALCO TO THE TEN	WITHING OT SENSE OU	MONTONONCHINIT	11(1 2(0)	PERFORMEO?
101										YES NO
CERTIFICAT	20a. ACCIOENT	WAS UNDERLY	NG TH	20b. OESCRIBE H	OW INJURY OCC	URREO. (Enter n	ature of injury in i	Part I or Part II of	item 18.)	
3	OR CONTRIBUTI	TIFY MEDICAL	EXAMINER)							
AL	20c. TIME OF	INJURY Month	, Oay, Year	20d. INJURY OCCU				(City or town)	(Count	(State)
MEDICAL	Hour a.r			While Not Wh	lle 🖳	ory, street, office	bldg., etc.)			
Σ	p.i		19	at work at wor						
	21. I certif	iy that (I) (thi		attended the deci						that (I) (we) last
	saw the de	ceased alive of	on Se	p7 /2 19	67, and the	at death occurr	ed at 5 SM, f			date stated above.
	22a. SIGNATUI	RE		/					22b. OAT	E SIGNEO
	//	-11	1	1	M	O. PHYS.	MEO. OIRECTOR	STAFF PHYS.	9.	-13-67
	22c. PHYSICIA		1	Un .	,	22d. A00		1. 1	,	
	NAME (T)	ype)	· Ki	Laute	on m	D C	entri	ville H	rd	
238	BURIAL, CREM	MATION 1 23b	OATE THERE	OF , 123c/ NAM	AE OF CEMETER	Y OR CREMATOR	1 23d. L	OCATION (City, tow	n or count	ty) (State)
230	BEMOVAL (Sp		UNIE THERE	La Zoca IVAII	1 M	ON CHEMATOR	lask T	DATION (OIL), LOW	>	(State)
-	Dunal	- Kay	4/6	167 can	ex su	~ Mim	mal 10	1 orva /	2000	11.
24	. FUNERAL OIRE	ECTOR /	20	A00	ESS	5 / 2	5a. Step By Reg	IST GAS 725b. RES	THAR .	SIGNATURE
1	11 Kana	1/1/1/11	11/	/ Yunt	elin.	ma	ATT			000

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E TO

		MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	2941	CERTIFICATE OF DEATH 12950
I. PLA	CE DE DEATH	11 2 HISHAI RESIDENCE (Where deceased lived it inctitutions Residence before

1. PLACE OF DEATH a. CDUNTY Queen Anne's County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Resa. STATE aryland b. COUNTQueer	
b. CITY DR TDWN (if outside corporate limits. C. LENCTH DE STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL a	and give nearest town)
Centreville, Maryland Lifetime	Centreville, Maryland	17.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At Home	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
	413 S.Liberty Street	YES NO
(1) po or print)	Vilson 4. DATE Month DF DEATH 9	0ay Year 3 1967
Female Colored WIDOWED DIVORCED	8. DATE OF BIRTH 5/19/1875 9. ACE (In years IFUNDER1 Months Company Months Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor 10b. KIND OF BUSINESS DR INDUSTRY Various		UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George Wilson	Emmeline Brown	
(Yes, no, or unkown) (If yes give war or dates of service)	s.Emma Carter Centreville	S.Liberty
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY: Artro Sc Pero	one Cardio Vasular	011021 11110 001111
OUE TO		1/0 2
Conditions, If any, which gave rise to immediate (b) of 15e d Se	years	yen
cause (a), stating the underlying cause last.	CALLECTED SECTION	
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
5 Barge Westine Fibro	71	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELIABLE TO THE PROPERTY OF CONTRIBUTING TO GEATH BUT NOT RELIABLE TO THE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of Injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor p.m. 19 at work at work at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Coun	ity) (State)
21. I certify that (I) (this hospital) attended the deceased from	Dec 23 , 196/2 to 50 1 3 , 19 6	that (I) (we) last
saw the deceased alive on fine 3/ 196/, and that	it death occurred at 5 M, from the causes and on the	e date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF	TE SIGNED
PHYSICIAN'S NAME (Type) Rodney C. Layton M.D.	22d. ADDRESS 104 S.Liberty St.Centrev	ille,Md.
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER' BURIAL (Specify) 9/6/67 Chesterfield		
24. FUNERAL DIRECTOR ADORESS	25a. REC'D BY RECISTRAR 25b. RECISTRAR'S	
Someth wales Chestertown, Md	. DATESEP 7 1961 yellarl	San San San

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please repove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

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Children 150 control whom . Take relevote Cardio Vasular ise years brond Duc 23 in the stand of the day